

ATTACHMENT XVII:

Letter of Intent from a Physician for State Regulations and HIV Testing Activities

[INSERT DATE]

Shelia Edwards, Grants Management Specialist
Procurement and Grants Office
Centers for Disease Control and Prevention
2920 Brandywine Road, Mail Stop E15
Atlanta, GA 30341

Dear Ms. Edwards:

This letter will serve as a letter of intent/provisional agreement for HIV-testing activities between *[INSERT PHYSICIAN NAME]* and *[INSERT CBO NAME]*. It confirms my oversight and involvement in their HIV-testing activities related to their application for funding under CDC Funding Opportunity Announcement PS11-1113. I can verify that this organization will comply with all state and local laws and regulations pertaining to HIV-testing activities.

I have discussed the following issues below with *[INSERT THE CBO NAME]*: *[Select all that apply]*

<input type="checkbox"/> Anonymous versus confidential testing	<input type="checkbox"/> Followup for results
<input type="checkbox"/> Informed consent	<input type="checkbox"/> Early intervention services
<input type="checkbox"/> CLIA certificate of waiver	<input type="checkbox"/> Data collection and reporting
<input type="checkbox"/> Training of counselors	<input type="checkbox"/> Quality assurance of counselors
<input type="checkbox"/> Confidentiality	<input type="checkbox"/> Linkages with partner notification
<input type="checkbox"/> Surveillance reporting	<input type="checkbox"/> Local laws and regulations
<input type="checkbox"/> Laboratory processing	<input type="checkbox"/> Target population to be served
<input type="checkbox"/> Type of test(s) to be used	<input type="checkbox"/> Referral networks
<input type="checkbox"/> Physician orders	<input type="checkbox"/> Other: _____

If you have any questions, please feel free to contact me at *[INSERT CONTACT INFORMATION]*.

Sincerely,

[TYPE YOUR NAME HERE]
[TITLE]
[ADDRESS]